

2011

Adult Co-ed Kickball Registration Form

Office Use Only

Date: _____
Fee Paid: _____
Type: Credit Check #: _____
Receipt #: _____
Staff Initials: _____

Spring Registration

April 11-14
8:30 am - 5:30 pm
Entry Fee : \$300

Fall Registration

August 29-September 1
8:30 am - 5:30 pm
Entry Fee : \$300

Team Name: _____

Name of Team to appear on schedule : (Max 8 Characters)

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Estimation of Skill Level : (circle one) Excellent Above Average Average Below Average No Skill

Sponsor's Name (If Applicable) : _____

Manager: _____

Address: _____ City: _____ Zip: _____

E-Mail (All correspondence will be via email - Write Clearly!) : _____

Phone (H): _____ Phone (W): _____ Cell : _____

Team Status :

Returning Combination of Past Teams New Team

Special Scheduling Request: If you have a request please note below, this may result in a team being moved up in skill level.

Each team **must** submit a roster to the Athletics Office before their first game.

Please initial here if you give permission for your address and/or telephone numbers to be given out to anyone requesting them for any reason. INITIALS: _____



Athletics Department

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parks.raleighnc.gov/athletics